

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

06104

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Dayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Dayton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Mrs. Anna Anderson

3. (b) Social Security Number

4. Sex

F

5. Color or race

w.

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Edgar Anderson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Sept 7, 1908

8. AGE:

Years

Months

Days

If less than one day

381018

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

FATHER
MOTHER

12. Name

Arthur Thompson

13. Birthplace

md.

14. Maiden name

Catherine Hungerford

15. Birthplace

md.

16. Informant

Edgar Anderson

Address

Dayton, md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

7-28-47
(month) (day) (year)

Cemetery or crematory

Providence

Location

Elmhurst, md.

18. Funeral director

FD McInabham

Address

Elmhurst City, md.

19.

(Date rec'd by registrar)

19 47John B. Gregoire
Reg. B. E. L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-25 19 47, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-25 19 47 to 7-25 19 47and that I last saw h. er alive on no date 19 47

Immediate cause of death

Coronary Occlusion

DURATION

Instant

Due to

Due to

Other conditions

partial uterine prolapsenot known

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

George E. Buntorf M.D.Acting Deputy Medical Examiner - Howard Co.Address Elmhurst City, md. Date signed 7-25-47

RECEIVED
AUG 1 1947
BUREAU P. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

06105

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HOWARD
City or town RURAL - ELLICOTT CITY
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 DAYS
Hospital, institution, or street address where death occurred:PINEL CLINIC - ELLICOTT CITY MD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County BALTO CITY
City or town BALTIMORE CITY
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3417 EAST FAIRMOUNT AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JENNIE BENTON

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

William Benton

7. Birth date of deceased (mo., day, yr.)

April 1 1861

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

86314

hrs.

min.

9. Birthplace

SOUTH CAROLINA

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

A. C.

MOTHER

14. Maiden name

Unknown

15. Birthplace

A. C.

16. Informant

MRS. F. HABICHTAddress 3417 EAST FAIRMOUNT AVE BALTO

17.

Burial

Date thereof

July 17 1947

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Oak Lawn

Location

Eastern Ave Road

18. Funeral director

John G. Moran

Address

3000 E Baltimore St

19.

7/15
(Date read by registrar)

19.

W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 14 1947 at 9 25 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 8 1947 to JULY 14 1947and that I last saw him alive on JULY 14 1947

Immediate cause of death

DURATION

CEREBRAL HEMORRHAGE6 HOURS

Due to

Due to

Other conditions SENILE PSYCHOSIS1 1/2 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Helmut Prager M.D.

M. D. or other

Address Ellicott City Md Date signed 7/14/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH CP

Reg. Dist. No. 191

06106

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Janette Eve Crowley

3. (b) Social Security Number

?

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Stanley Crowley

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1915

8. AGE:

Years 32

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

FATHER
MOTHER

12. Name

Chas Brown

13. Birthplace

Va.

14. Maiden name

Katherine Daniels

15. Birthplace

Va.

16. Informant

Alphonzo Brown

Address

125 W 139th St N.Y.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

7-22-47
(month) (day) (year)

Cemetery or crematory

Family Plot

Location

Petersburg Va

18. Funeral director

20 Higginbottom

Address

Ellicott City Md

19.

July 20,
(Date rec'd by registrar)19 47John B. Longman
Per B. E. E. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

N.Y.

County

City or town

New York
(If outside city or town limits, write RURAL and give nearest town)

Street No.

2427 7th Ave Apt. 12
(If rural, give LOCATION)

2. (a) If veteran, name war

✓

MEDICAL CERTIFICATION

20. DATE OF DEATH

7-19

19

47 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-19

19

47 to7-19

19

47and that I last saw h. RR alive onno date

19

Immediate cause of death

Fracture of skull at base

DURATION

instant

Due to

Due to

Other conditions

abrasion of skin of chest and right arm
(Include pregnancy within 3 months of death)instant

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

7-19-47

Where did injury occur?

Savage
(City or town)Howard
(County)md
(State)

Injured at home, farm, industry, public place (where?)

U.S. Highway #1

Means of injury

Auto Struck Pole

Injured at work?

no

23. SIGNATURE

George E. Burgtorf M.D.
acting Deputy Medical Examiner Howard Co.
Ellicott City Md. Date signed 7-19-47

RECEIVED

JUL 28 1947

BUREAU OF M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

CB

06107
Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.Y. CountyCity or town New York
(If outside city or town limits, write RURAL and give nearest town)Street No. 258 W. 153rd St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Freddie Daniels

3. (b) Social Security Number

?

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Sept 3, 1910

8. AGE:

Years

Months

Days

If less than one day

361616

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Truck driver

11. Industry or business

FATHER
MOTHER

12. Name

George Daniels

13. Birthplace

Va

14. Maiden name

Lucie Brown

15. Birthplace

Va

16. Informant

Dorothy Shell

Address

69 W. Main St Rahway N.J.17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

7-22-47
(month) (day) (year)

Cemetery or crematory

Family Plot

Location

Petersburg Va

18. Funeral director

J.C. Heitman

Address

Elliot City Md19. July 20, 1947
(Date signed by registrar)John B. Laughon
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19-47 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-19-47 to 7-19-47and that I last saw him alive on no date 19

Immediate cause of death

Fractured skull at base

DURATION

instant

Due to

Due to

Other conditions

superficial lacerations
of face

(Include pregnancy within 3 months of death)

instant

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

7-19-47

Where did injury occur?

Savage
(City or town)Howard Md
(County) (State)

Injured at home, farm, industry, public place (where?)

U.S. Highway #1

Means of injury

Auto Struck Pole injured at work? no

23. SIGNATURE

George E. Binstock M.D.
acting Deputy Medical Examiner - Howard Co.Address Elliot City Md Date signed 7-19-47

RECEIVED
JUL 28 1947
ST. HEAD V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a CB

CERTIFICATE OF DEATH

06108

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HOWARD
City or town RURAL - ELLICOTT CITY
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? FOUR DAYS

Hospital, institution, or street address where death occurred:

PINEL CLINIC - ELLICOTT CITY

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State PENNSYLVANIA CountyCity or town HANOVER
(If outside city or town limits, write RURAL and give nearest town)Street No. 508 BROADWAY
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ESTHER HAMPSHIRE

3. (b) Social Security Number

176-05-0090

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FEMALE WHITE MARRIED6.(b) Name of husband or wife CHARLES HAMPSHIRE6.(c) If alive, give age 37 years7. Birth date of deceased (mo., day, yr.) September 16, 19048. AGE: Years 42 Months 9 Days 26 hrs. min.9. Birthplace PENNSYLVANIA
(Town, county, and state)10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name Henry Letzinger13. Birthplace York Co. Pa14. Maiden name Mandella Heil15. Birthplace York Co. Pa16. Informant CHARLES HAMPSHIREAddress 508 BROADWAY HANOVER PA17. Burial Date thereof 7/15/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet CemeteryLocation Hanover, Pa18. Funeral director Easton SonsAddress Ellicott City, Maryland19. July 12, 1947 by registrar John B. Loughran
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 12th 19 47 at 11⁰⁰ A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 9th 19 47 to JULY 12th 19 47 and that I last saw her alive on JULY 12th 19 47Immediate cause of death MYOCARDIAL INFARCT

DURATION

10 HOURS

Due to

Due to

Other conditions INVOLUTIONAL
MELANCHOLIA
(Include pregnancy within 8 months of death)4 MONTHS

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE Herbert Prager M.D.

M. D. or other

Address Ellicott City Md Date signed 7/12/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 15 1947
ST. PAUL, VA.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

06109

Reg. Dist. No. 74

1. PLACE OF DEATH:

County Howard
 City or town Cooksville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Howard
 City or town Cooksville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles Nathan Mc Cracker

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Daisy Bradshaw
 6. (c) If alive, give age ✓ years
 7. Birth date of deceased (mo., day, yr.) June 14, 1875
 8. AGE: Years 72 Months 0 Days 27 If less than one day ✓ hrs. ✓ min.

9. Birthplace Clyde, N. C.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Agriculture
 12. Name Leonidas P. Mc Cracker
 13. Birthplace Clyde, N. C.
 14. Maiden name Frances L. Walker
 15. Birthplace Clyde, N. C.

16. Informant Mrs Daisy Mc Cracker
 Address Cooksville, Md.
 17. Burial Date thereof July 14, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mc Kendree Cemetery
 Location Cooksville, Howard Co., Md
 18. Funeral director C. Harry Eber
 Address Hykesville, Md.
 19. July 12, 47 C. Harry Eber
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1947 at 9 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31, 1947 to July 11, 1947 and that I last saw him alive on July 11, 1947
 Immediate cause of death Cerebral hemorrhage DURATION 16 hrs
 Due to Arterial hypertension 5 yrs.
 Due to Atherosclerosis, generalized 15 yrs.
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.
 M.D. or other
 Address Charlesville, Md. Date signed 7-12-47

RECEIVED
JUL 18 1947
BUREAU OF R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

06110

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HOWARD
City or town RURAL ELLICOTT CITY MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 DAYS

Hospital, institution, or street address where death occurred:

PINEL CLINIC - ELLICOTT CITY MD.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County MONTGOMERYCity or town TAKOMA PARK MD.
(If outside city or town limits, write RURAL and give nearest town)Street No. 710 ERIE AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

WILHELMINA SCOTLAND

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

WIDOWED

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 19, 18858. AGE: Years Months Days If less than one day
61 11 24 hrs. min.9. Birthplace WISCONSIN
(Town, county, and state)10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name Andrew Jensen13. Birthplace Denmark14. Maiden name Mary Larson15. Birthplace Denmark16. Informant MISS ANNA JENSENAddress 710 ERIE AVE TAKOMA PARK MD.17. Burial Date thereof July 15, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Geo. Wash. Memorial Cem.Location Hyattsville, Md.18. Funeral director Arthur WaltersAddress 254 Carroll St. Takoma Park, D.C.19. July 17, 1947 John B. Loughman
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 13th 1947 at 8:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
JULY 6th 1947 to JULY 13th 1947and that I last saw him alive on JULY 13th 1947

Immediate cause of death

LOBAR PNEUMONIA

DURATION

8 HOURS

Due to

Due to

Other conditions EPILEPSY58 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Helmut Prager M.D.

M. D. or other

Address Ellisott City, Md. Date signed 7/13/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

227-100

LETTER TO THE SECRETARY OF THE ARMY
WASHINGTON, D.C.

RECEIVED
JUL 15 1947
BUREAU OF A

Approved
ARTESIAN LINGER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

241 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HOWARD
 City or town ELK RIDGE RA1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? (telephone call from Dr. Burgtorf-LL 7/21/47)
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Baltimore
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4198 Central Ave.
 (If rural, give LOCATION)

2(a) If veteran, name war.

3. (a) FULL NAME

George B Smith

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.)

Oct. 11, 1907

6. (c) If alive, give age. years

8. AGE:

39

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Chidrepreneur

11. Industry or business

FATHER

12. Name

John B Smith

13. Birthplace

MD

MOTHER

14. Maiden name

Frances

15. Birthplace

MD

16. Informant

Mildred Smith

Address

4198 Central Ave

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

7-22-47
(month) (day) (year)

Cemetery or crematory

Baltimore National

Location

18. Funeral director

Adolphus Halstead

Address

918 David Hill Avenue

19.

(Date rec'd by registrar)

19

47A. W. Edmund

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 19 47 at 9 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7-18 19 47 to 7-18 19 47and that I last saw him alive on no date 19

Immediate cause of death

3rd Degree Burns instant

DURATION

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7-18-47Where did injury occur? Elkridge Howard MD
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Boulevard Route #1Means of injury Truck turned over and burned Injured at work? yes

23. SIGNATURE

George E. Burgtorf MD
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Elkridge City, MD Date signed 7-18-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

061111

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Weavers Court
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James Steward

3.(b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced widower6.(b) Name of husband or wife Mary Steward7. Birth date of deceased (mo., day, yr.) Aug 15, 1877 6.(c) If alive, give age _____ years8. AGE: Years 69 Months 11 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Chester Town, Md.
(Town, county, and state)10. Usual occupation Merchant

11. Industry or business

12. Name James Steward13. Birthplace Md.14. Maiden name unknown15. Birthplace "16. Informant J. A. StewardAddress Ellicott City, Md.17. Burial Date thereof 7-20-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JohnsLocation Ellicott City, Md.18. Funeral director J.P. HigginbothamAddress Ellicott City, Md.19. July 20, 1947 John B. Loughman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 19 47 at 6:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-28 19 47 to 7-18 19 47 and that I last saw him alive on 7-18 19 47Immediate cause of death Coronary Thrombosis DURATION 10 months

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgeth, M.D. M. D. or otherAddress Ellicott City, Md. Date signed 7-20-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED
JUL 22 1947
BUREAU 5-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06112

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

College Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. College Ave.
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

Gertrude Balliett Weaver

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

A. Victor Weaver

7. Birth date of

deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

64 10 8 hrs. min.

9. Birthplace

Authsville Penna
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

12. Name Matton J. Kline13. Birthplace Pennsylvania14. Maiden name Ellen B. Balliett15. Birthplace Horton, Pennsylvania16. Informant A. Victor WeaverAddress College Ave. Ellicott City, Md.17. Entombment July 24, 1947
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)Cemetery or crematory Lorraine Park Cem.Location Woodlawn, Md.18. Funeral director Easton SonsAddress Ellicott City, Md.19. July 24, 1947
(Date rec'd by registrar)20. John B. Loughran
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 July 1947 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1946 to 24 July 1947and that I last saw her alive on 24 July 1947

Immediate cause of death

Coronary Thrombosis

Due to

?

Due to

?Other conditions Bradycardia

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE William H. Janssen M.D.Address Ellicott City, Md. Date signed 24 July 47

RECEIVED
JUL 30 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HOWARD.City or town ELK RIDGE MARYLAND.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 YEARS

Hospital, institution, or street address where death occurred:

1906 RAILROAD AVE.How long in hospital or institution? HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HOWARDCity or town ELK RIDGE MARYLAND
(If outside city or town limits, write RURAL and give nearest town)Street No. 1906 RAILROAD AVE.
(If rural, give LOCATION)2.(a) If veteran, name war NONE

3. (a) FULL NAME

JAMES LOUIS YOUNG, JR.

3. (b) Social Security Number

705-03-9372

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED8. (b) Name of husband or wife Martha Irene Young6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.)

November 9, 1886

8. AGE:

Years

60

Months

8

Days

11

If less than one day

hrs.

min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual occupation

Machinist helper

11. Industry or business

B.O. Railroad

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Date thereof

(month) (day) (year)

20. DATE OF DEATH

19. 47. at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 July 19. 47 at 11:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 29 19. 47 to July 22 19. 47and that I last saw him alive on July 22 19. 47Immediate cause of death CarcinomatosisDue to Site UnknownDue to (19/8/47-48)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE William Goodman, M.D.Address 1334 Sulphur Spring Rd.Date signed 22 July 1947

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.